Illinois Department of Public Health (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: \_\_\_\_ B. WING 04/22/2016 IL6000269 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 900 WEST RIVER PLACE CITADEL CARE CENTER-KANKAKEE KANKAKEE, IL 60901 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S 000 S 000 Initial Comments Licensure Survey (Change of Ownership) S9999 S9999 Final Observations Statement of Licensure Violations Section 300.1620 Compliance with Licensed Prescriber's Orders All medications shall be given only upon a) the written, facsimile or electronic order of a licensed prescriber. The facsimile or electronic order of a licensed prescriber shall be authenticated by the licensed prescriber within 10 calendar days, in accordance with Section 300,1810. All such orders shall have the handwritten signature (or unique identifier) of the licensed prescriber. (Rubber stamp signatures are not acceptable.) These medications shall be administered as ordered-by the licensed prescriber and at the designated time. Section 300.1630 Administration of Medication All medications shall be administered only a) by personnel who are licensed to administer medications, in accordance with their respective licensing requirements. Licensed practical nurses shall have successfully completed a course in pharmacology or have at least one Attachment A vear's full-time supervised experience in administering medications in a health care setting Statement of Licensure Violations if their duties include administering medications to residents. Medications shall be administered as

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TITLE

(X6) DATE

soon as possible after doses are prepared at the

PRINTED: 05/03/2016 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: \_\_ B. WING 04/22/2016 IL6000269 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 900 WEST RIVER PLACE CITADEL CARE CENTER-KANKAKEE KANKAKEE, IL 60901 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (X5)COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 Continued From page 1 S9999 facility and shall be administered by the same person who prepared the doses for administration, except under single unit dose packaged distribution systems. The facility shall have medication records that shall be used and checked against the licensed prescriber's orders to assure proper administration of medicine to each resident. Medication records shall include or be accompanied by recent photographs or other means of easy, accurate resident identification. Medication records shall contain the resident's name, diagnoses, known allergies, current medications, dosages, directions for use, and, if available, a history of prescription and non-prescription medications taken by the resident during the 30 days prior to admission to the facility. Based on observation, interview and record review the facility failed to administer medications as ordered for 2 (R1,R2) residents in a sample of 7; and for 1 (R8) resident in the supplemental sample. Findings include: 1). R1 is a 75 year old female admitted to the facility with the following diagnoses: Intervertebral Disc degeneration, muscle weakness, diabetes mellitus II, paranoid schizophrenia, bipolar

disorder, generalized anxiety disorder, and hypertension. R1's Medication Administration Record (MAR) and Physician's Order Sheet (POS) documents the following medications: Refresh Optive Advance Drops, Instill 1 drop into

Sea-Omega 30 (Fish Oil), take 1 capsule by

Vitamin A 10,000 units, take 1 capsule by mouth

both eyes four times daily:

mouth once daily;

PRINTED: 05/03/2016 FORM APPROVED Illinois Department of Public Health (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A. BUILDING: \_\_\_ B. WING 04/22/2016 IL6000269 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 900 WEST RIVER PLACE CITADEL CARE CENTER-KANKAKEE KANKAKEE, IL 60901 (X5) COMPLETE PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 Continued From page 2 S9999 once daily; Vitamin B 12 1000 mcg, take 1 tablet by mouth once daily: Vitamin D 1000 unit tablet, take 1 tablet by mouth once daily: Aripiprazole 2mg tablet, take 1 tablet by mouth once daily; Metformin HCL 500mg tablet, take 1 tablet by mouth once daily at breakfast; Nasonex 2 sprays in each nostril 2 times daily; Ferrous Sulfate 325mg, take one tablet by mouth 3 times daily with meals; Fexofenadine HCL 180mg, take 1 tablet by mouth once daily; Fluticasone 50mcg, use 2 sprays in both nostrils

Illinois Department of Public Health STATE FORM

daily

once daily:

once daily:

mouth, twice daily

mouth twice daily;

mouth twice daily;

mouth twice daily:

Klor-Con M20 tablet, take 2 tablets (40meq) by

Nabumetone 500mg tablet, take 1 tablet by

Paricalcitol 1 mcg capsule, take 1 capsule by

Buproprion SR 200mg tablet, take 1 tablet by

Docusate 100mg, take 1 capsule by mouth twice

Famotidine 20mg, take 1 tablet by mouth twice

Xanax 0.5mg (narcotic, Benzodiazepine), take

administration time). E5 stated that she had not prepared any of R1 's medications and was about to start. There were no dispensed

R1's MAR documented the medication administration time as 9:00am for the above medications. On 4/19/16, E5 (Registered Nurse/RN) administered R1 's medications at

11:30am (2.5 hours after scheduled

one tablet by mouth twice daily

Multivitamin/mineral tablet, take 1 tablet by mouth

VI9611

Illinois Department of Public Health (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: \_\_\_ 04/22/2016 B. WING IL6000269 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 900 WEST RIVER PLACE CITADEL CARE CENTER-KANKAKEE KANKAKEE, IL 60901 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 Continued From page 3 S9999 medications noted on E5's medication cart. E5 prepared and administered R1 's medications as the surveyor observed. E5 omitted the Refresh Optive drops, Vitamin A tablets, Vitamin D tablets and Nasonex nasal spray from her preparation. E5 gave R1 the Fluticasone nasal spray to administer herself. R1 administered both sprays to each nostril back to back and handed the bottle back to E5. The facility 's policy for "Nose Drops" administration documents: Assist or instruct patient to blow nose to remove mucous and secretions for better distribution of medication. If condition permits, position sitting with head tilted backwards, if unable to sit, position supine with head tilted backwards. R1 was sitting in her wheelchair during the administration. Instruct patient to remain in position for 5 minutes and not to blow nose. "Medication Pass Guidelines" Container is shaken well prior to use and new pumps are primed prior to initial use. E5 did not follow the steps listed above. While preparing the pills, E5 stated that R1 did not have any Potassium Chloride; she then proceeded to the medication room, along with the surveyor, to obtain the medication. E5 placed the medication she had prepared on the top drawer of the medication cart in the front tray. After taking the Potassium from the convenience box, E5 placed them in a separate cup. E5 then returned to the medication cart and administered the Potassium to R1. E5 did not open the medication cart and retrieve the other medications. The surveyor, along with a second surveyor, asked E5 to open her medication cart. Located on the top drawer and front tray of the cart remained the pills. When asked if she was going to administer the medication, E5 held the

Illinois Department of Public Health

cup up and looked at it. E5 then stated "these are for Julie". R1's name is not Julie. After

STATE FORM 6899 VI9611 If continuation sheet 4 of 10

PRINTED: 05/03/2016

FORM APPROVED Illinois Department of Public Health (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: \_\_\_ 04/22/2016 B. WING IL6000269 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 900 WEST RIVER PLACE CITADEL CARE CENTER-KANKAKEE KANKAKEE, IL 60901 PROVIDER'S PLAN OF CORRECTION (X5) SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 S9999 Continued From page 4 being prompted by the second surveyor, E5 stated these are for R1. E5 then stated "I must' ve poured them again and put them there because I gave them when you were here. " E5 was then asked to count the medications in the cup. The surveyor also verified the count which matched the medications documented on the Medication Observation Sheet. E5 then disposed of the pills. The facility was immediately made aware of the medication errors. On 4/19/16 at 3:30pm, E2 (Director of Nurses) and Z1 (Nurse Consultant) stated that they had spoken with E5 and she had begun (but not finished) pouring R1's medications prior to the surveyor arriving. Both nurses stated that E5 had prepared a second cup of medications when the surveyor arrived. Reconciliation of R1's Controlled Substances Proof of Use sheet revealed that R1 's Xanax was dispensed and signed by E5 once on 4/19/16. When presented with this information, Z1 stated in part that E5 had started pouring the medication, not completed. On 4/20/16, E2 now stated to the survey team that R1 had taken all the medications before the surveyor arrived. E2 also provided staff education in-service on medication administration to the survey team. The facility failed to administer R1's medications as ordered. The facility 's policy titled " Medication Administration: Medication Pass " documents: Purpose: To safely and accurately prepare and administer medication according to physician order and patient needs -Read transcribed physician order on MAR: patient name, medication name, dosage, route and interval ordered

Illinois Department of Public Health

Remove medication from cart

Compare MAR with medication label for accuracy -Administer medication in accordance with frequency prescribed by physician- within 60

If continuation sheet 5 of 10 6899 VI9611 STATE FORM

PRINTED: 05/03/2016 FORM APPROVED

Illinois Department of Public Health (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A. BUILDING: \_\_\_ 04/22/2016 B. WING IL6000269 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 900 WEST RIVER PLACE CITADEL CARE CENTER-KANKAKEE KANKAKEE, IL 60901 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 Continued From page 5 S9999 minutes before and after prescribed dosing time-If patient is not in room to receive medication, flag MAR and at conclusion of medication pass, roll cart to patient 's location and administer medications -Administer medication according to specific procedure such as oral, topical, injection, etc. 2). R2 is a 55 year old female admitted to the facility. R2's medical record documents that she is receiving hemo-dialysis. R2's MAR and POS documents the following medications: Xanax 0.5mg oral twice daily 1/22/16 (9A and 5P); and Midodrine HCL 10mg by mouth twice daily (6A and 6P). On 4/20/16 at 9:45am, E6 (Licensed Practical Nurse/LPN) administered medications to R2. E6 administered the Midodrine to R2. E6 also omitted the Xanax. E6 was asked to count the pills in the cup. The surveyor verified the count which matched the number of pills documented on the Medication Administration Observation sheet. Reconciliation of R2's MAR revealed that the Midodrine had been signed as given at 6am as ordered. The initials were different from E6's. When asked whose signature was on the MAR, E6 stated that it was the night nurse. R2 was interviewed and stated that the night nurse had in fact administered the Midodrine around 5:30-6:00am. E6 stated that she was going to notify R2's physician of the missed Xanax. Review of R2's MAR revealed that the Xanax has not been given since 4/17/16. Review of R2 ' s nurse's notes showed no documentation of the physician being notified of the missed Xanax prior to 3/20/16. 3). On 4/20/16 at 10:15am, E7 administered medications to R8. R8's MAR and POS

Illinois Department of Public Health

documents the following order:

Vitamin D 1000 unit tab, take 2 tablets (2000

VI9611

PRINTED: 05/03/2016 FORM APPROVED

Illinois Department of Public Health (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: \_\_\_ 04/22/2016 B. WING IL6000269 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 900 WEST RIVER PLACE CITADEL CARE CENTER-KANKAKEE KANKAKEE, IL 60901 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 Continued From page 6 S9999 units) by mouth once daily E7 administered Vitamin D3, 1000 iu, 1 tablet. E7 was asked to count the pills in the cup. The surveyor also verified the count which matched the number of pills documented on the Medication Administration Observation sheet. (B) Section 300.2050 Meal Planning Each resident shall be served food to meet the resident's needs and to meet physician's orders. The facility shall use this Section to plan menus and purchase food in accordance with the following Recommended Dietary Allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. Meals for the day shall be planned to provide a variety of foods, variety in texture and good color balance. The following meal patterns shall be used. Three meals a day plan: 1) Breakfast: Fruit or juice, cereal, meat A) (optional, but three to four times per week preferable), bread, butter or margarine, milk, and choice of additional beverage. Main Meal (may be served noon or evening): Soup or juice (optional), entree (quality protein), potato or potato substitute, vegetable or salad, dessert (preferably fruit unless fruit is served as a salad or will be served at another

Illinois Department of Public Health

meal), bread, butter or margarine, and choice of

FORM APPROVED Illinois Department of Public Health (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: \_\_ 04/22/2016 B. WING IL6000269 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 900 WEST RIVER PLACE CITADEL CARE CENTER-KANKAKEE KANKAKEE, IL 60901 (X5) COMPLETE PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (FACH CORRECTIVE ACTION SHOULD BE (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL DATE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) TAG S9999 Continued From page 7 S9999 beverage. Lunch or Supper: Soup or juice (optional), C) entree (quality protein), potato or potato substitute (optional if served at main meal), vegetable or salad, dessert, bread, butter or margarine, milk, and choice of additional beverage. Based on observation, interview and record review, the facility failed to serve the correct portion to residents on pureed diets, and failed to provide the lunch meal to 2 residents who go to dialysis 3 days a week. This applies to 2 residents (R2 and R9) on dialysis, and 10 residents on pureed diets, 4 in the sample of 7 (R2, R3, R5 R6), and 6 residents (R11 through R 19) in the supplemental sample. The findings include: On 4/19/16 the regular noon meal menu included lasagna, tossed salad, garlic bread and pudding for dessert. The pureed menu plan was pureed lasagna, pureed green beans, pureed bread and pudding. The pureed portions appeared small so portions were weighed and/or measured after the residents were served. The regular lasagna weighed 8 oz., the pureed lasagna weighed 4 oz. (it was served with a number 8 scoop). The pureed green beans were served with a number 12 scoop, 2.6 oz. or 1/3 of a cup. The menu plan was for a number 10 scoop, 3.2 oz. or 2/5 of a cup.

Illinois Department of Public Health STATE FORM

On 4/21/16 E8 the district dietary manager said that the menu plan was incorrect to include only 4 oz. of lasagna for the pureed diets, and the vegetable should have been served with a

PRINTED: 05/03/2016 FORM APPROVED

Illinois Department of Public Health (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: \_\_ B. WING 04/22/2016 IL6000269 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 900 WEST RIVER PLACE CITADEL CARE CENTER-KANKAKEE KANKAKEE, IL 60901 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 S9999 Continued From page 8 number 10 scoop. On 4/19/16 at the noon meal R5 received 4 oz. pureed lasagna, 2.6 oz. pureed green beans, and 1/2 cup sherbet and water. When asked why R5 received so little for lunch E9 dietary manager said that R5's power of attorney does not want her to have any bread, noodles or starch. There was no substitution given or planned for this omission. The facility monthly weight report indicates that R5's November 2015 weight was 135.4 lbs, her April 2016 weight was 123.8 lb. On 4/20/16 at 11:55 AM R2 was eating in her room. According to the facility diet list dated 4/19/16 R2 is on a renal high protein diet. R2 said she goes to dialysis 3 says a week and skips her lunch meal. A long time ago she used to bring a sack lunch to dialysis but had to stop this because of health complications. R2 said she is hungry when she gets back about 3:00 PM but has to wait until dinner at 5:15 PM. to eat. At 10:15 AM on 4/21/15 R2 was going out for dialysis, no sack lurch provided. R2 said again that she does not take a lunch to dialysis, and hasn't for a long time. On 4/20/16 at 3:25 PM E9 dietary manager said she thought that R2 was taking a sack lunch to dialysis, she was not aware that R2 was not being provided a meal. On 4/20/16 at 3:15 PM R9 was in bed after returning from dialysis. The facility diet list states R9 is on a controlled carbohydrate renal mechanical soft diet. R9 said she leaves for dialysis about 10:00 AM and returns around 3:00 PM. R9 said she is hungry when she gets back

Illinois Department of Public Health

but does not eat until the dinner meal. R9 said she does not eat lunch before she goes, and Illinois Department of Public Health (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: B. WING 04/22/2016 IL6000269 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 900 WEST RIVER PLACE CITADEL CARE CENTER-KANKAKEE KANKAKEE, IL 60901 PROVIDER'S PLAN OF CORRECTION (X5) SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) S9999 S9999 Continued From page 9 does not take a sack lunch. On 4/20/16 at 3:15 PM E9 said that R9 eats her lunch before she goes to dialysis. On 4/21/16 at 11:45 AM E9 acknowledged that R9 did not get her lunch before she goes out because her dialysis time changed. (AW) Section Beds 300,2860 c) 2) Resident bedrooms Multiple resident bedrooms shall not have more than four beds ...... All beds shall have a minimum clearance of three feet at the foot and sides of the bed. Based on observation and interview the facility failed to keep a space of at least three feet between resident's beds. This affected one (R6) of seven residents in the sample and one resident in the supplemental sample (R10). Findings include: During the tour on 4/19/2016 R6's and R10 's beds were pushed close together. The beds were three to six inches apart. R6 stated, "I don't want the beds close together. I've been telling them to move the beds but nobody has done anything." E2 told the house keeper to move the furniture so the beds could be separated. (AW)

VI9611